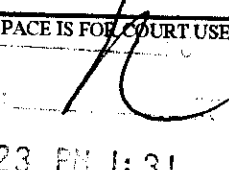



UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

www.flsb.uscourts.gov

PROOF OF CLAIM

Name of Debtor Debit Corporation of America		Case Number 04-14360	THIS SPACE IS FOR COURT USE ONLY 
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))		JUN 23 PM 1:31 CLERK U.S. BANKRUPTCY CT SD OF FLA. MIA - OFFICE	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Charles Robb Hickley		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: Frank B. Perry 346 Old County Road Ringgold, GA 30736		Telephone Number: 706-965-8639	
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Consumer fraud</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx-</u> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: August 29, 2003		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>75,000 +</u> (Unsecured Nonpriority) + _____ (Secured) + _____ (Unsecured Priority) = <u>0.00</u> (Total) Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.	
6. Unsecured Nonpriority Claim \$ 75,000 + <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		This Space is for Court Use Only 	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions) 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.			
Date: 6-22-04		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Frank B. Perry, Attorney	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

CHARLES ROBB ACKLEY
1812 NEWWOOD DR
OCEAN CITY, NJ 08226

424

Date Aug. 29, 2003

Pay to the Order of Debit Corp of America \$ 75,000.00

seventy-five thousand - 00/100 Dollars

PNCBANK
PNC Bank, N.A. 060
New Jersey

ID # 003924

Charles Robb Ackley

⑆031207607⑆ 8015691568⑆ 0424 ⑆0007500000⑆

PAY TO THE ORDER OF
SUNTRUST BANK
FOR DEPOSIT ONLY
DEBIT CORPORATION OF AMERICA, INC.
1000014250696

PROCESSED
AUG 29 2003
1:52 PM
PHILADELPHIA

SUNTRUST BANK
1000014250696

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

5 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

1 Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003924

County SAN DIEGO, CA

Buyer's Name Charles Robb Ackley Date _____

Buyer's Address 1812 Pinewood Drive

Escondido City State NC Zip 08222

Home Phone 609.231-3238 Business Phone 609.231.3238
609.399-7125

Number of Sales

Items to ship: 25

Face Value of Prepaid MasterCard

Activation Certificates to ship: 25,000

Purchase Price Sales Systems \$ 75,000.⁰⁰

Purchase Price of Additional Items \$ N/C

Subtotal \$ 75,000.⁰⁰

Sales Tax (FL Residents Only) \$ N/A

Amount Paid \$ 75,000.⁰⁰

Special Provisions _____

Buyer acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance of deposit of funds and that *this sale is subject to the terms on the reverse of this Purchase Order.*

ACCEPTED AND APPROVED


COMPANY OFFICER

By:


BUYER

I # BO2405

I have read and agree to the Terms and
Conditions on the back of this Purchase Order.